#### **Renovator's Job Records Check List**

Firm Name: _			
Date and Loc	ation of Renovation:		
Attachments	(check all that apply):		
Pre-Re	novation Education Form		
D-Lead	d <sup>®</sup> Test Form		
LeadC	heck® Test Form		
Paint S	ample Collection Form		
Worke	rs List		
Work I	Practices Verification Form		
Cleanin	ng Verification Form		
Record	lkeeping/Reporting Form		
Renovator's (	Certification (Required ):		
I certify under	r penalty of law that the above inf	formation is true and complete.	
Signed:		Cert#	
Name / Title		Date	
	[A copy of this record should be provided]	led to the client for their lead records.	]

#### **EPA Pre-Renovation Record**


Sample	Pre-Ren	ovation	<b>Form</b>
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This sample form may be used by firms to document compliance with the requirements of the Federal Lead-Based Paint Renovation, Repair, and Painting Program.
Occupant Confirmation
Pamphlet Receipt
I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.
Printed Name of Owner-occupant
Signature of Owner-occupant Signature Date
Renovator's Self Certification Option (for tenant-occupied dwellings only)
Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.
Declined – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
Unavailable for signature – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fl in how pamphlet was left).
Printed Name of Person Certifying Delivery Attempted Delivery Date
Signature of Person Certifying Lead Pamphlet Delivery
Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation. Mailing must be documented by a certificate of mailing from the post office.

# **LeadCheck® Test Kit Documentation Form**

Page \_\_ of \_\_\_

#### **Owner Information**

Name of Owner/Occupant:
Address:
City: State: Zip code:
Contact #: () Email:
Project Information
Fill out all of the following information that is available about the Renovation Site
Renovation Address: Unit#
City: State: Zip code: Phone # ()
Brief Project Description:
Certified Firm
Certified Firm Name:
Address:
City: State: Zip code:
Phone #: _() Email:
Certified Renovator Name: Date Certified: / /
Cest Kit
LeadCheck® Test Kit Hybrivet Corporation Lot #

Test Location # Description of test location:	LeadCheck® Test Kit Documentation I	form		Page of
Test Location # Description of test location:	Test Location # Description of test location:			
Result: Is lead present? (Circle only one)       YES NO       Presumed         Test Location # Description of test location:	Result: Is lead present? (Circle only one)	YES	NO	Presumed
Result: Is lead present? (Circle only one)       YES NO       Presumed         Test Location # Description of test location:				
Test Location # Description of test location:  Result: Is lead present? (Circle only one)  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed	Test Location # Description of test location: _			
Result: Is lead present? (Circle only one)  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed	Result: Is lead present? (Circle only one)	YES	NO	Presumed
Test Location # Description of test location:	Test Location # Description of test location: _			
Result: Is lead present? (Circle only one)  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed	Result: Is lead present? (Circle only one)	YES	NO	Presumed
Result: Is lead present? (Circle only one)  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed				
Test Location # Description of test location:  Result: Is lead present? (Circle only one) YES NO Presumed  Test Location # Description of test location:  Result: Is lead present? (Circle only one) YES NO Presumed	Test Location # Description of test location: _			
Result: Is lead present? (Circle only one)  Test Location # Description of test location:  Result: Is lead present? (Circle only one)  YES NO Presumed	Result: Is lead present? (Circle only one)	YES	NO	Presumed
Test Location # Description of test location:  Result: Is lead present? (Circle only one) YES NO Presumed	Test Location # Description of test location:			
Result: Is lead present? (Circle only one)  YES NO Presumed	Result: Is lead present? (Circle only one)	YES	NO	Presumed
Result: Is lead present? (Circle only one)  YES NO Presumed	r			
	Test Location # Description of test location: _			
Test Location # Description of test location:	Result: Is lead present? (Circle only one)	YES	NO	Presumed
I	Test Location # Description of test location: _			

YES

NO

Presumed

Result: Is lead present? (Circle only one)

## **D-Lead® Test Kit Documentation Form**

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( )wner	<sup>.</sup> Inforn	าจรากท

Name of Owner/Occupant:	
Address:	
City:	_ State: Zip code:
Contact #: () Email:	
Project Information	
Fill out all of the following information that is available	e about the Renovation Site
Renovation Address:	Unit#
City: State: Zip code:	Phone # ()
Brief Project Description:	
Certified Firm	
Certified Firm Name:	
Address:	
City:	State: Zip code:
Phone #: _() Email:	
Certified Renovator Name:	Date Certified: / /
Test Kit	
D-Lead ® Paint Test Kit PTKIT-24-1.0 Lot # (from Solution 2 Vial) _	,

D-Lead®	Test	Kit	<b>Documentation</b>	Form
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Page \_\_ of \_\_\_

Sample #	Description of test location:			
Result: Is lead pro	esent? (Circle only one)	YES	NO	Presumed
Sample #	Description of test location:			
Result: Is lead pre	esent? (Circle only one)	YES	NO	Presumed
Sample #	Description of test location:			
Result: Is lead pre	esent? (Circle only one)	YES	NO	Presumed
Sample #	Description of test location:			
Result: Is lead pre	esent? (Circle only one)	YES	NO	Presumed
Sample #	Description of test location:			
Result: Is lead pre	esent? (Circle only one)	YES	NO	Presumed
Sample #	_ Description of test location:			
Result: Is lead pre	esent? (Circle only one)	YES	NO	Presumed
Sample #	_ Description of test location:			
Result: Is lead pre	esent? (Circle only one)	YES	NO	Presumed

## **Paint Chip Collection Form**

Page \_\_ of \_\_\_

Name of Owner/Project:			
Address:			
City:	State:	Zip code:	Contact # ()
Email:			
Renovation Information			
Fill out all of the following info	rmation that i	s available about the	e Renovation Site, Firm and Certified
Renovator. Renovation Address	s:		Unit #:
City:	State:	Zip code:	
Certified Firm Name:			
Address:			
City:	State:	_ Zip code:	Contact #: ()
Email:			
Certified Renovator Name:			
Date Certified/	/	<del></del>	
Paint Chip Sample Information	on		
For each sample collected, fill out	all of the follow	ving information	
Sample Identifier:		_	
Sample Collector Name:			
Sampling Location:			
Sampling site description:			Date of Collection:/
Sample Dimensions (cm):		Calculate Sample	Area (cm <sup>2</sup> ):
NLLAP-recognized entity and loca	ition:		
Submission date://	Results:		Result Date:/

## **Paint Chip Collection Form**

Page \_\_ of \_\_\_

For each sample collected, fill out all of the following information		
Sample Identifier:	_	
Sample Collector Name:		
Sampling Location:		
Sampling site description:	Date of Collection:/	
Sample Dimensions (cm):	Calculate Sample Area (cm²):	
NLLAP-recognized entity and location:		
Submission date:/ Results:	Result Date:/	
For each sample collected, fill out all of the follow	ing information	
Sample Identifier:	_	
Sample Collector Name:		
Sampling Location:		
Sampling site description:	Date of Collection:/	
Sample Dimensions (cm):	Calculate Sample Area (cm²):	
NLLAP-recognized entity and location:		
Submission date:/ Results:	Result Date:/	
For each sample collected, fill out all of the follow	ing information	
Sample Identifier:	_	
Sample Collector Name:		
Sampling Location:		
Sampling site description:	Date of Collection:/	
Sample Dimensions (cm):	Calculate Sample Area (cm²):	
NLLAP-recognized entity and location:		
Submission date:/ Results:	Result Date:/	

## **Trained Workers Performing Lead Disturbance Work**

Firn	n Name:
Date	e and Location of Renovation:
The distumair	following workers assisted the Certified Renovator in the performance of work arbing LBP: (Note: Training records documenting the worker training and proficiency are stained at our central office.)

#### **Renovator's Work Practices Record**

Date and Location of Renovation:				
Brief Description of Renovation:				
	•			
Work P	ractices Used (Check all that apply)			
All Proje	ects			
	Warning signs posted at entrance to work area.			
	Work area contained to prevent spread of dust and debris			
	Waste contained on-site and while being transported off-site			
	Work site properly cleaned after renovation			
	Large waste collected;, plastic misted, folded dirty side inward, and taped for removal			
	Interior work area surfaces. objects HEPA vaccuumed and/or wet cleaned			
	_ (Additional)			
	_ (Additional)			
Interior				
	All objects in the work area removed or covered			
	HVAC ducts in the work area closed and covered			
	Windows in the work area closed			
	Doors in the work area closed and sealed			
	Project entry doors to work area covered to allow passage but to prevent spread of dust			
	Floors in the work area covered with taped-down plastic			
	_ (Additional)			
	_ (Additional)			
Exteriors	s			
	Windows in and within 20 feet of the work area closed			
	Doors in and within 20 feet of the work area closed and sealed			
	Ground covered by plastic to 10 feet from work area and adequately anchored at margins			
	If necessary, vertical containment used to prevent migration of dust and debris from property			
	_ (Additional)			
	_ (Additional)			
Signed: _				
Name / 7	Title: Date:			

#### **Cleaning Verification Certification Form**



#### **Cleaning Verification Post Renovation**

Custom Propert			_
	Exterio	or Verification	
		Visual Inspection Passed. No visible debris, paint chips, or residue on the horizontal surfor ground in or around the work areas.	aces
	Interio	or Verification—Non HUD Properties Only	
		Visual Inspection Passed. No visible debris, paint chips, or residue on the horizontal surf (window sills, counter tops, un-carpeted floors) in or around the work areas.	aces
		Cleaning Verification Passed. The following is EPA's cleaning guidelines. Each horizon surface and non-carpeted floors must be cleaned and then tested by wiping the surfaces wit wet cloth. When compared against the EPA's Verification Card, if the cloth does not "pass then the cleaning must be re-done and tested with another wet cloth. If the second cleaning does not pass the renovator must re-clean, wait one hour and wipe the surface with a dry electrostatic charged cloth.	th a s"
	D	Number of Cloths Used: Number of Dry Cloths Used:	
	Dust	Clearance Testing	
	testing	t Sampling Technician, Lead Inspector or Risk Assessor was used to conduct the clearance. They are a disinterested and independent company and will be providing you with the resitesting.	ults
	Testing	g Company Phone number of Testing Company	
	Debris	s Disposal	
		nd Debris created during the renovation containment phase has been properly disposed of po 0 CFR Part 745 rule.	er
your ho	ome from	the type of Clearance Testing or Verification that has been used, the possibility of Lead Dus m past renovations or maintenance projects may still remain. The only way to make certain es not have Lead Dust levels exceeding EPA's acceptable standards is to hire a certified test at thorough investigation by taking test samples from your entire home.	that
Contra	ctor Sig	gnature Date Customer Signature Date	$\top$
Renova	ator Nu	mber	
LeadChe	ck is more	than a product - we are a resource. Our call center is staffed with RRP certified advisors Monday-Friday 8am - 6pm. If you have qu	uestions

or concerns regarding EPA's RRP Rule, we have the answers. Call 1-800-262-LEAD and stay informed. Also, sign up for our newsletter or read our blog at www.LeadCheck.com.

## Renovator Recordkeeping and Reporting Form

Name of Firm:					
Date and Location of Renovation:  Brief Description of Renovation:					
Name of Assigned Renovator: Name(s) of Trained Workers, if used:					
Name	(5) of Trained Workers, it used.				
Name	Name of Dust Sampling Technician, Inspector, or Risk Assessor, if used:				
G	Copies of renovator and dust sampling technician qualifications (training certificates,				
_	certifications) on file.				
	Certified renovator provided training to workers on (check all that apply):				
	<ul> <li>☐ Posting warning signs</li> <li>☐ Maintaining containment</li> <li>☐ Avoiding spread of dust to adjacent areas</li> </ul>				
	☐ Waste handling ☐ Post-renovation cleaning				
	Test kits used by certified renovator to determine whether lead was present on				
	components affected by renovation (identify kits used and describe sampling locations				
	and results):				
	and resures).				
	Warning signs posted at entrance to work area.				
	Work area contained to prevent spread of dust and debris				
	All objects in the work area removed or covered (interiors)				
	☐ HVAC ducts in the work area closed and covered (interiors)				
	☐ Windows in the work area closed (interiors)				
	☐ Windows in and within 20 feet of the work area closed (exteriors)				
	☐ Doors in the work area closed and sealed (interiors)				
	□ Doors in and within 20 feet of the work area closed and sealed (exteriors)				
	<ul> <li>Doors that must be used in the work area covered to allow passage but prevent spread of dust</li> </ul>				
	Floors in the work area covered with taped-down plastic (interiors)				
	Ground covered by plastic extending 10 feet from work area—plastic anchored to				
	building and weighted down by heavy objects (exteriors)				
	☐ If necessary, vertical containment installed to prevent migration of dust and debris				
	to adjacent property (exteriors)				
	Waste contained on-site and while being transported off-site				
	Work site properly cleaned after renovation				
	☐ All chips and debris picked up, protective sheeting misted, folded dirty side				
	inward, and taped for removal				
	<ul> <li>Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)</li> </ul>				
	Certified renovator performed post-renovation cleaning verification (describe results,				
C,	including the number of wet and dry cloths used):				
	☐ If dust clearance testing was performed instead, attach a copy of report.				
	I certify under penalty of law that the above information is true and complete.				
-	nome and title				
	name and title date				